

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Emily Elizabeth Adams

MARYLAND

Died at Fishing Creek Dorchester

Date of death 1900 Oct 9th Age 82 Months 4 Days 29

Sex Female Color or Race White Birth-place Dorchester Co

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Sylvester W. Adams

Father's Name Richard Parker Father's Birthplace Dorchester Co

Mother's Maiden Name Harriet McKinis Mother's Birthplace

Name of person giving information Mandy E. Creightons How related to deceased Daughter

## CAUSES OF DEATH

Primary Chronic Bronchitis, Nutritional degeneration How long 1 year

Immediate Dropsy, Chronic Passive Congestion, Exhaustion How long 1 month

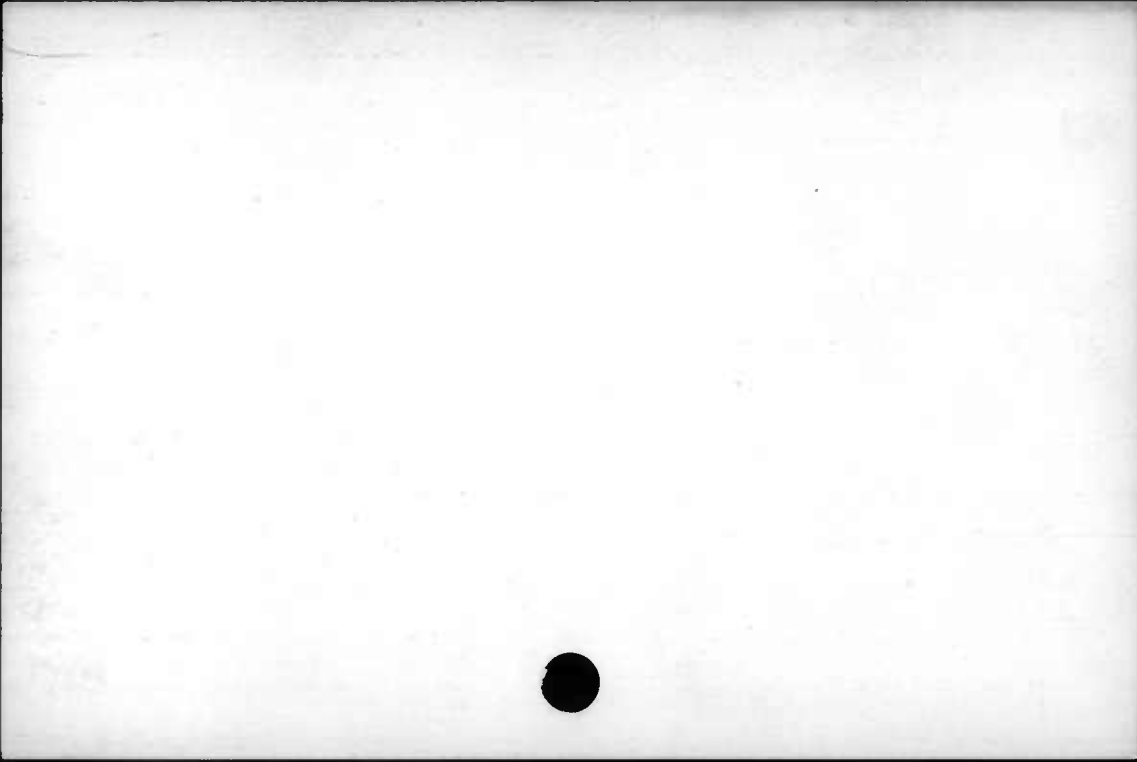
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

W. H. Houston M.D.  
Fishing Creek Ind.

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Oriskany</i>		MARYLAND	
Date of death	1905	Month	Oct.	Day	24	Age	19
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Ind</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death <i>Cambridge</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	<i>Edward Campbell</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Annie Campbell</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Mary E. Campbell</i>					How related to deceased	<i>Aunt</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Zyphoid fever</i>	How long	<i>10 weeks</i>
Immediate	<i>abscess of brain</i>	How long	<i>10 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Mace</i>	
		Address <i>Cambridge</i>	
Accident or Suicide?			



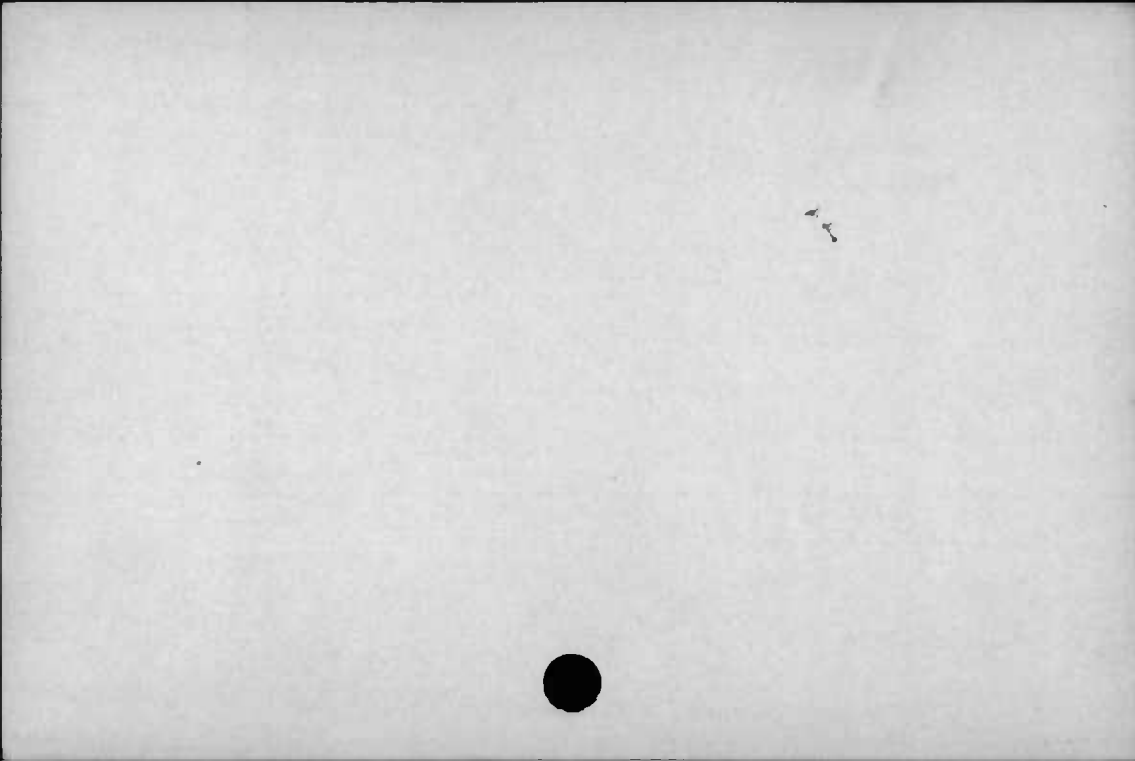
# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Date	Month	Day	Age	Years	Months	Days		
of death	1905	Oct	25	18				
Sex	Male		Color or Race	White		Birth-place	Delaware	
Occupation	School Boy			Where Residing if not at place of death			Cauling, Md.	
Married, Single or Widowed			Name of Wife or Husband					
Father's Name			Wm. J. Cannon				Father's Birthplace	Delaware
Mother's Maiden Name			Mary E. Short				Mother's Birthplace	"
Name of person giving information			Wm. J. Cannon				How related to deceased	Father

### CAUSES OF DEATH

Primary	<i>Appendicitis</i>	(118)	How long	<i>5 mths</i>
Immediate	<i>Obstetrical problems</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
		Signature of Physician <i>B. M. G. L. ...</i>		
		Address <i>Cauling Rd</i>		
Accident or Suicide?				



Name  
in  
Full

Crook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Orchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	<u>Oct</u> <sup>Month</sup>	<u>27</u> <sup>Day</sup>	Age <u>-</u> <sup>Years</sup>	<u>-</u> <sup>Months</sup>	<u>6</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cambridge Md</u>		
Occupation <u>-</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Chas. E. Crook</u>			Father's Birthplace <u>Miss -</u>		
Mother's Maiden Name <u>Ethel Willis</u>			Mother's Birthplace <u>Miss -</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Quarantined</u>	How long <u>6 hours</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Moore</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Ellen Davis ✓

MARYLAND

Died at *Hurlock* TownCounty *Dor*Date of death *1905* Month *10* DayAge *77* YearsMonths *11* Days *12*Sex *female*Color or Race *white*Birth-place *Mass Co Del*Occupation *carpe*Where Residing if not at place of death *at place of death*Married, Single or Widowed *widow*Name of Wife or Husband *Paul Davis*Father's Name *Thos Skunkin*Father's Birthplace *Del*Mother's Maiden Name *unknown*Mother's Birthplace *Del*Name of person giving information *Roy Davis*How related to deceased *son*

## CAUSES OF DEATH

Primary *Bright disease*

How long

Immediate *Heart Failure*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Dr. Roger Myers M.D.  
Hurlock Md*

Accident or Suicide?

Brit  
19/9

Name

in  
Full

Savania May Dunrock ✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fishing Creek</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	<u>1905</u>	Month <u>Oct</u>	Day <u>17th</u>	Age <u>0</u> Years	Months <u>5-</u> Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Dorchester</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death <u>                    </u>		
Married, Single or Widowed <u>                    </u>		Name of Wife or Husband <u>                    </u>			
Father's Name <u>Savina T. Dunrock</u>			Father's Birthplace <u>Dorchester Co</u>		
Mother's Maiden Name <u>Villie Tyler</u>			Mother's Birthplace <u>Dorchester Co</u>		
Name of person giving information <u>Mrs. Dunrock</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Malnutrition</u>	How long <u>15 days</u>	<u>Since birth</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. H. Honaker M.D.</u>	
		Address <u>Fishing Creek Ind.</u>	
Accident or Suicide? <u>                    </u>			



Name  
in  
Full

Susan Elliott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u>		Town <u>Dorchester</u>		County		MARYLAND	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>3</u>	Age <u>29</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Bl'k.</u>		Birth-place <u>Ind.</u>				
Occupation <u>Housework.</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>Alexander Jackson</u>			Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Martha Cornish</u>			Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Alexander Jackson</u>			How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>—</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Wolff.</u>
	Address <u>Cambridge, Ind.</u>
Accident or Suicide?	



Name  
in  
Full

Ada Fisher ✓

CERTIFICATE OF DEATH

Town

County

Dorchester

MARYLAND

Died at

Date

of death 1905

Month

Oct

Day

7

Age

Years

19

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Ma

Occupation

H.W.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Peter Fisher

Father's  
Birthplace

Ma

Mother's  
Maiden Name

Liz Ann. Duward

Mother's  
Birthplace

Ma

Name of person giving  
In formation

Physician

How related  
to deceased

CAUSES OF DEATH

Primary

Typhoid Fever

How long

18 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

CR Brokaw

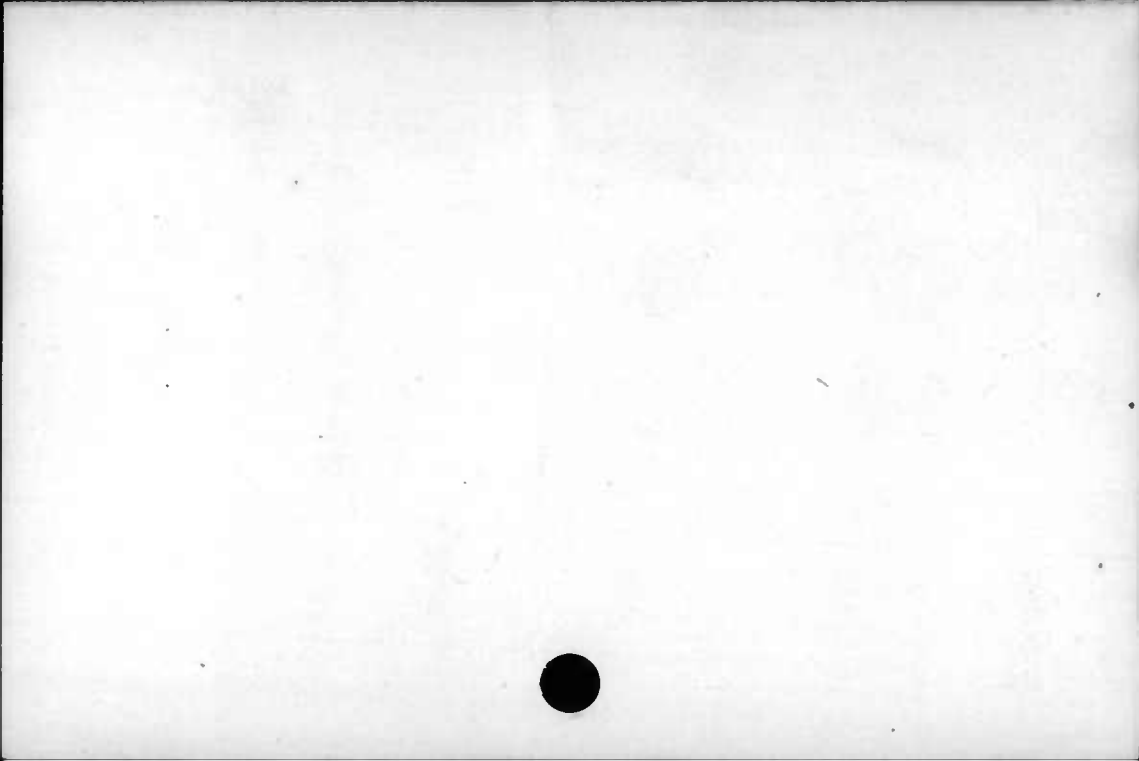
Address



Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

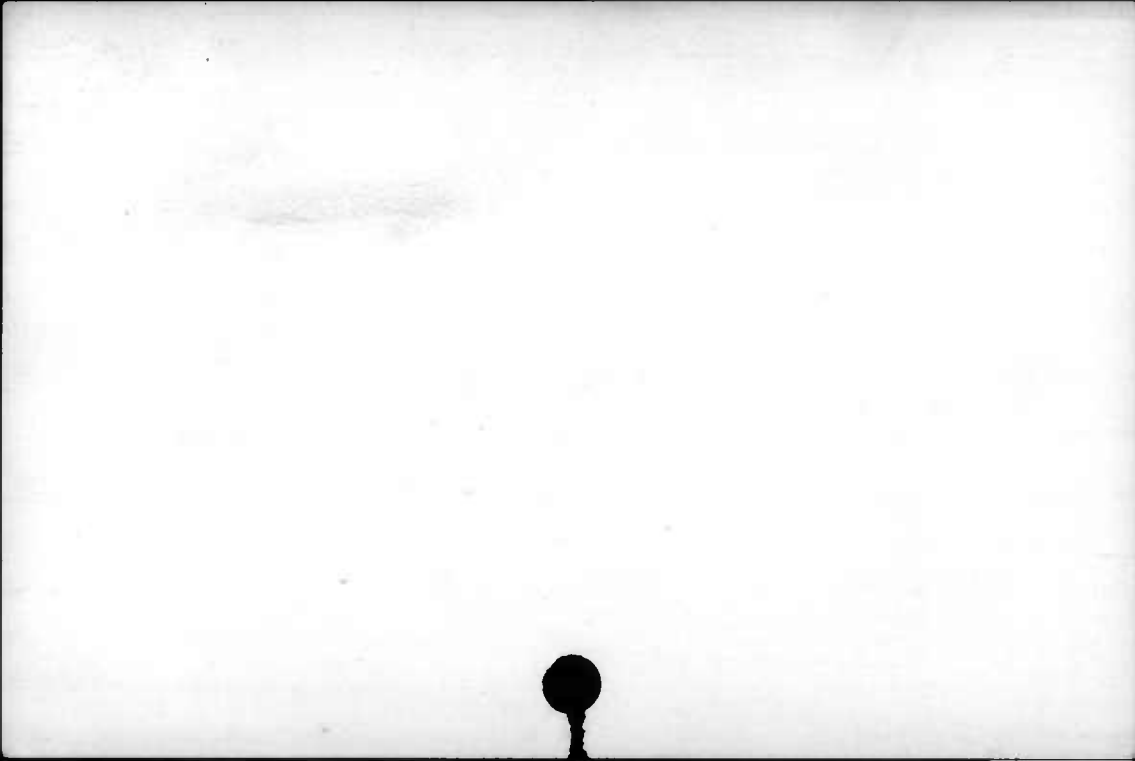
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND					
Date of death		Month <i>Oct.</i>		Day <i>13</i>		Years <i>45</i>		Months <i>3</i>		Days <i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>							
Occupation <i>Laborer</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henrietta Moore</i>									
Father's Name						Father's Birthplace					
Mother's Maiden Name						Mother's Birthplace					
Name of person giving information <i>Henrietta M. Gootie</i>						How related to deceased <i>Wife.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Purpura Rheumatica</i>	How long <i>3 mos.</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Wolff</i>
		Address <i>Cambridge, Md.</i>
Accident or Suicide?		



Name  
in  
Full

John G. Holland

## CERTIFICATE OF DEATH

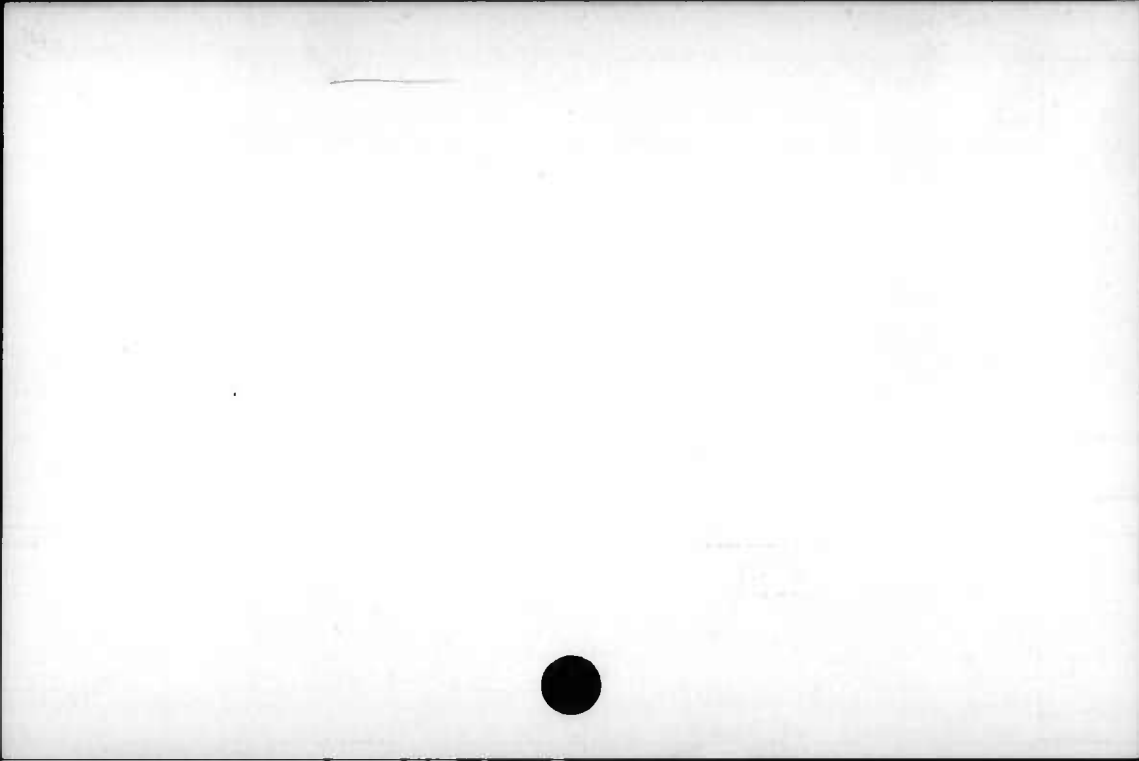
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Madison</i> <sup>Town</sup>		<i>Purchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>—</i>	Years <i>about 78</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balt. Md</i>		
Occupation <i>Retired Contractor</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>S. Melvina Holland</i>				
Father's Name <i>Does not know</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Does not know</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Dr. Ben Smith</i>			How related to deceased <i>not at all</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bright's disease</i>	How long <i>a year or more</i>
Immediate <i>General exhaustion</i>	How long <i>gradual decline</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. L. Smith M.D.</i>
	Address <i>Madison, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Martha M. Holland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Church Creek</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>October</i>	Day	<i>12<sup>th</sup></i>	Age	<i>23</i>
Sex	<i>Female</i>		Color or Race	<i>Col.</i>		Birth-place	<i>Dor. Co. Md.</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Charles Holland Jr.</i>				
Father's Name	<i>Alexander Banks</i>				Father's Birthplace	<i>Dor. Co. Md.</i>	
Mother's Maiden Name	<i>Martha Trigg</i>				Mother's Birthplace	<i>Dor. Co. Md.</i>	
Name of person giving information	<i>Charles Holland Jr.</i>				How related to deceased	<i>Husband.</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>* Aneurism of the ascending Aorta</i>		How long	<i>Several months</i>
Immediate	<i>Don't know</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Probably</i>	Signature of Physician <i>R. L. Smith</i>	
* I said patient only once, the trouble at that time was as above stated			Address <i>Church Creek, Md.</i>	
Accident or Suicide?		<i>R. L. S.</i>		



Name  
in  
Full

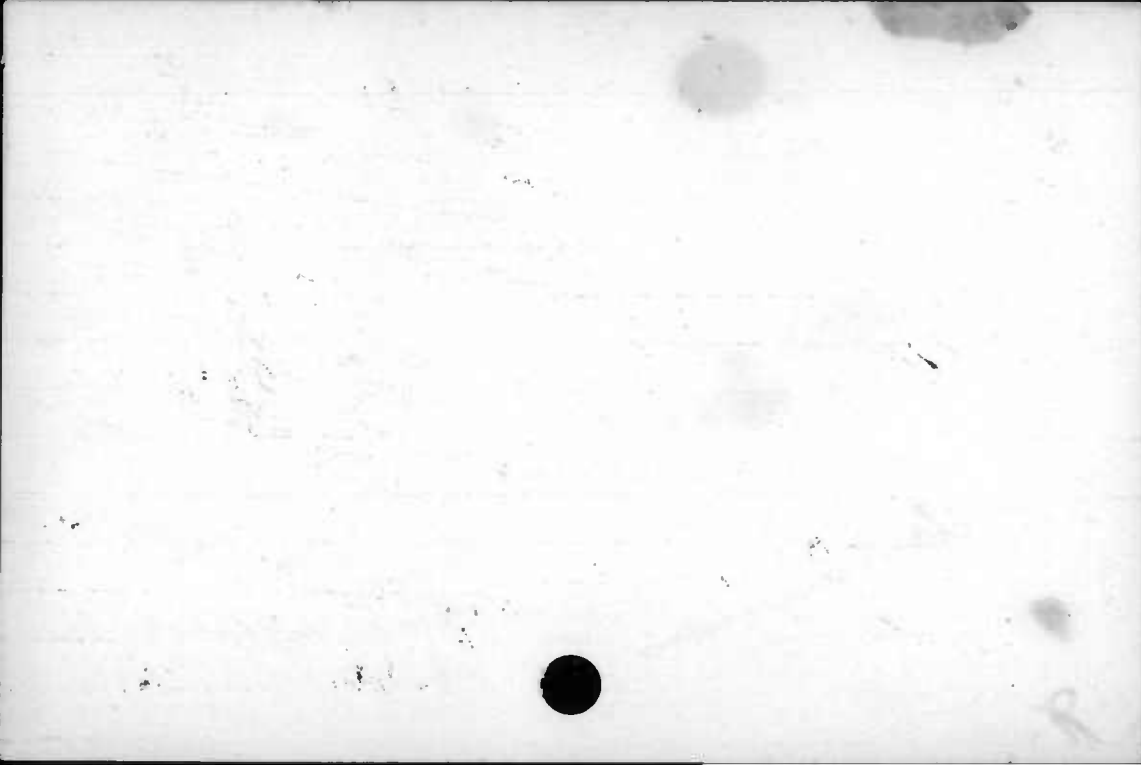
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hurler		County Harrison		MARYLAND	
Date of death		1905	Month Oct	Day 13	Age 1	Years 9	Months —
Sex Male		Color or Race colored		Birth-place Md			
Occupation Infant		Where Residing if not at place of death Hurler					
Married, Single or Widowed		Name of Wife or Husband James Walker C. Hudson					
Father's Name Walker C. Hudson		Father's Birthplace Md					
Mother's Maiden Name Lou Fletcher		Mother's Birthplace Md					
Name of person giving information Father Walker C. Hudson		How related to deceased Father					

## CAUSES OF DEATH

Primary	Enter	How long	6 mos
Immediate	White	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. Maguire M.D.	
		Address	
Accident or Suicide?			





Name  
in  
Full

Robert G. Hughes

## CERTIFICATE OF DEATH

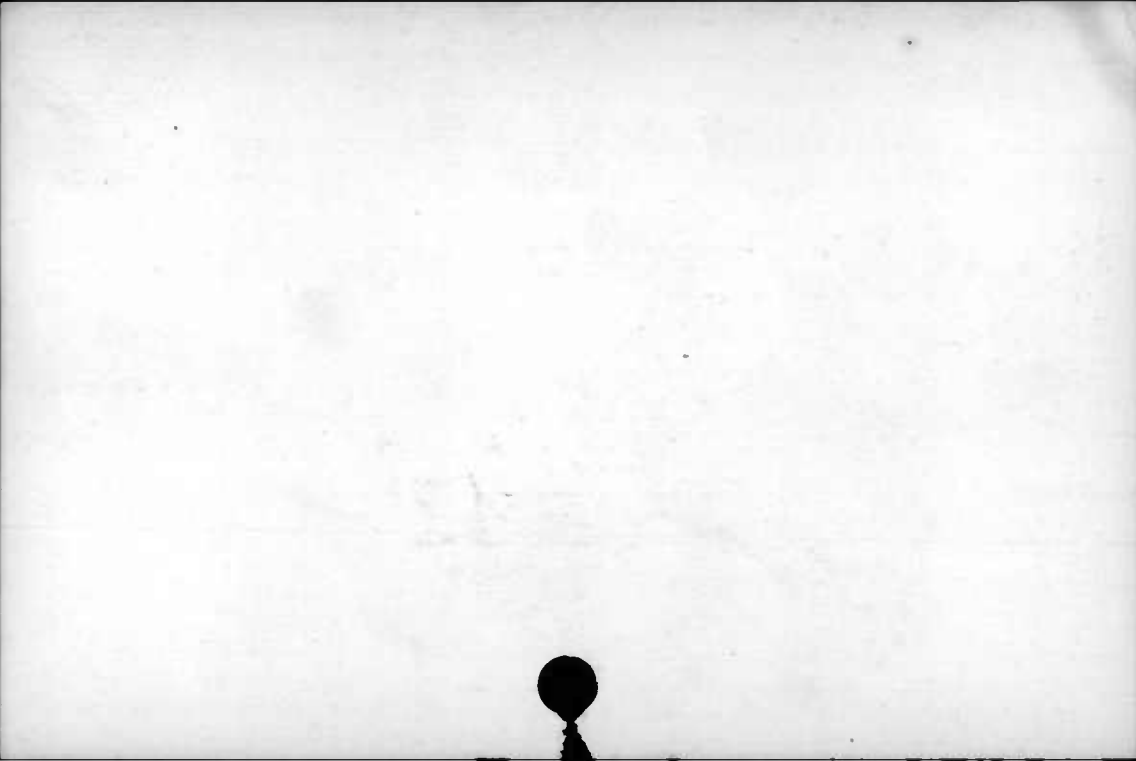
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Church Creek</i>		Town <i>Dorchester</i>		County		MARYLAND					
Date of death <i>1905</i>		Month <i>Oct.</i>		Day <i>3rd</i>		Age <i>2</i>		Months <i>7</i>		Days <i>18</i>	
Sex <i>Male</i>		Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>							
Occupation <i>Infant</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Infant</i>									
Father's Name <i>Robert Hughes Sr.</i>		Father's Birthplace <i>Dor. Co. Md.</i>									
Mother's Maiden Name <i>Lizzie Fisher</i>		Mother's Birthplace <i>Dor. Co. Md.</i>									
Name of person giving information <i>John A. Fisher</i>		How related to deceased <i>Grandfather</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Don't know</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Lanthierum</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
Eliya J. J. J.		Died at <i>Cambridge</i>		County <i>Orchester</i>	
P.O. <i>Cambridge</i>		Town <i>Cambridge</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>Oct</i>	Day <i>30</i>	Age <i>57</i>	Years <i>57</i>
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Or. Co. Md.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Richard J. J.</i>			
Father's Name <i>James Harris</i>		Father's Birthplace <i>Or. Co. Md.</i>			
Mother's Maiden Name <i>— Landis</i>		Mother's Birthplace <i>Or. Co. Md.</i>			
Name of person giving information <i>Elaine J. J.</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
Primary <i>Phthisis Pulmonalis</i>		How long <i>8 months</i>		How long <i>8 months</i>	
Immediate <i>Exhaustion</i>		How long		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. J. J.</i>		Address <i>Cambridge Md.</i>	
Accident or Suicide?					



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Oct</i>	Day <i>10</i>	Age <i>5</i>	Years <i>5</i>	Months <i>5</i>	Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Cambridge</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Kish</i>				Father's Birthplace <i>Worcester</i>			
Mother's Maiden Name <i>Annie Johnson</i>				Mother's Birthplace <i>Worcester</i>			
Name of person giving information <i>Annie Kish</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infantile Neoplasm</i>	How long <i>1 day</i>
Immediate <i>Convulsions</i>	How long <i>72</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. Steele</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mary Marvel

Town

County

Died at

Springdale

Dorchester

MARYLAND

Date 1905 Oct 28

Month

Day

Y.

M.

D.

Native of

Occupation

Age

86

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widowed~~

Number of children living

2

~~Husband~~ of

Wife

Father's

Name

George Marvel

Mother's

Maiden Name

Ely Andrews

Cause of

Primary

Death

Immediate

old age

How long sick

Accident, Suicide, Homicide

Reported by

Address

J. B. Stender

Springdale

H. H. Mellowly

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Sarah Louvenia Meekins

Died at <sup>Town</sup> Fishing Creek <sup>County</sup> Rochester MARYLAND

Date 1904 Oct 11 Age 63 Y. 8 M. 2 Native of Fishing Creek Occupation Homemaker  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
Female ~~Colored~~ ~~Single~~ Widower Number of children living 9

Husband of Wm Parker  
Wife

Father's Name Sam Meekins Mother's Maiden Name Amelia

Cause of Death { Primary acute Dementia Immediate NA How long sick 2 wks  
Accident, Suicide, Homicide

Reported by Major T Simmons

Address Fishing Creek W H Simmons

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
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Full


## CERTIFICATE OF DEATH

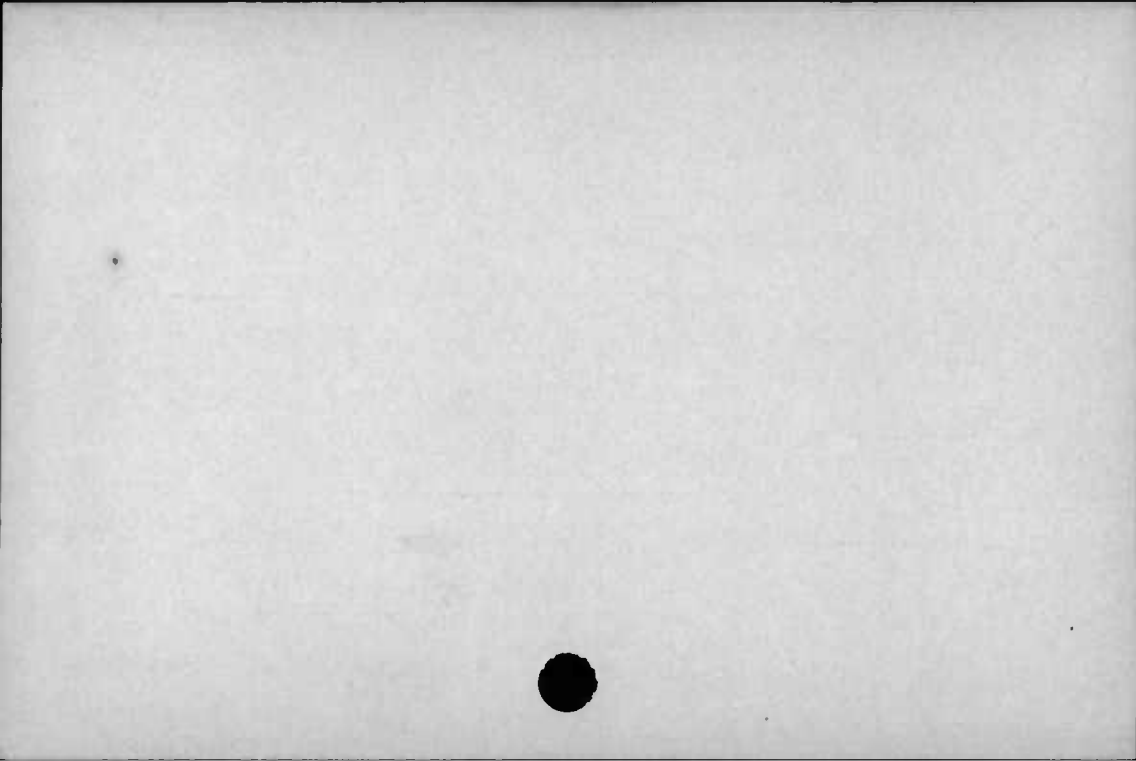
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>York Creek</i> Town		<i>Don</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>20</i>	Age <i>56</i>	Months	Days
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Don. Co.</i>		
Occupation <i>Housekeeper</i>	Where Residing If not at place of death <i>York Creek</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Maryann Motlock</i>				
Father's Name <i>John Hughes</i>	Father's Birthplace <i>Don. Co.</i>				
Mother's Maiden Name <i>Mary Hughes</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Levin R. Motlock Jr.</i>	How related to deceased <i>Son</i>				

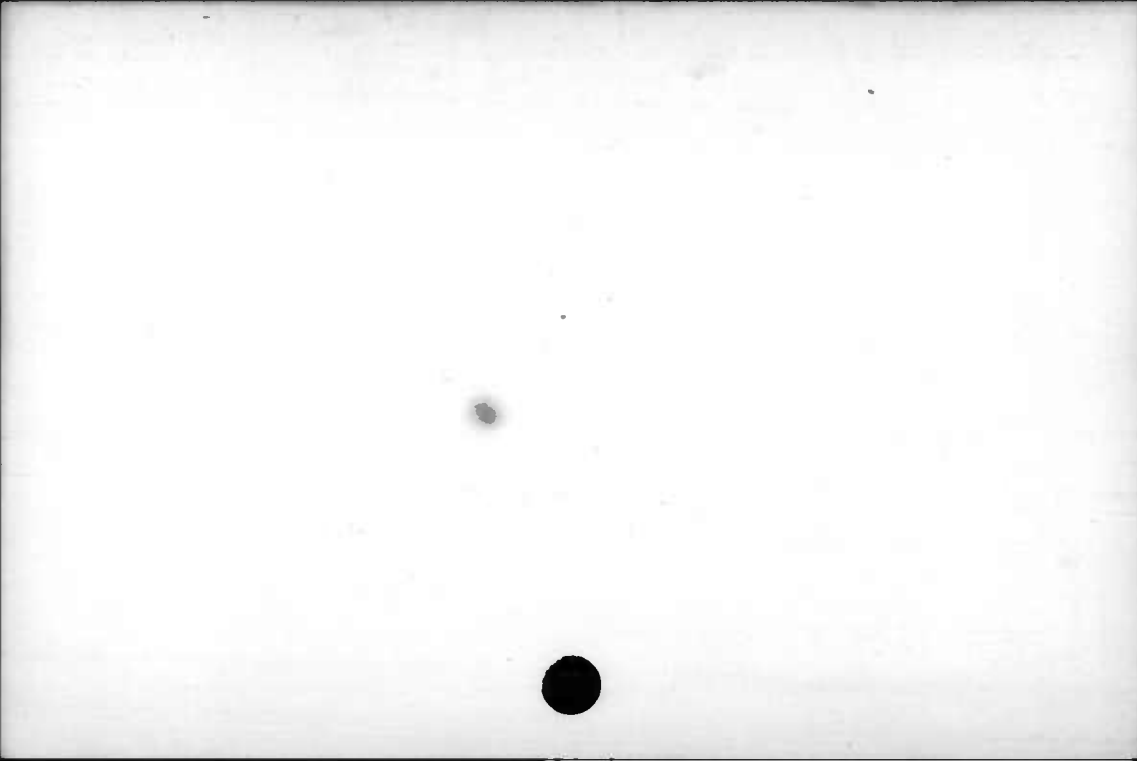
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>1 year</i>
Immediate	How long <i>(27)</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician 
	Address <i>Don. Co. Sub. Dist.</i>
Accident or Suicide?	



Name in Full		Opter (M.M.) County Dorchester				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <sup>Town</sup> near Woodford				MARYLAND		
	Date of death 1905	Month Oct	Day 8	Age 1	Months 2	Days 12	
	Sex Male	Color or Race Black		Birth-place Dor. Co. Md			
	Occupation None		Where Residing if not at place of death —				
	Married, Single or Widowed Single	Name of Wife or Husband —					
	Father's Name Andrew Opher	Father's Birthplace Dor. Co. Md					
	Mother's Maiden Name Sophia Camper	Mother's Birthplace Dor. Co. Md					
Name of person giving information Andrew Opher		How related to deceased Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis			How long about 6 months			
	Immediate General Exhaustion			How long			
	Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician B. L. Smith Md.			
				Address Madison, Md.			
	Accident or Suicide? —						



Name in Full

Certificate of Death

Emiline E Parker

Died at <sup>Town</sup> fishingcreek <sup>County</sup> Dorchester MARYLAND

Date 1905 Oct 10 Age 82 Y. 4 M. 29 D. 29 Native of fishingcreek Occupation House Key  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
Female ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of W. Silvestre Adams  
Wife  
Father's Name John Parker Mother's Name Mandy Parker  
Maiden Name

Cause of Death { Primary Bronchitis Immediate  
How long sick 3 months  
91 ✓  
Accident, Suicide, Homicide

Reported by J. M. Adams  
Address Cornbridgescreek W. H. Summers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full		Town				County		CERTIFICATE OF DEATH	
Sarah Harema Parker		Fishing Creek		Dorchester		MARYLAND			
Died at		Date of death		Age		Months		Days	
1905		Oct		11th.		63		8	
Sex		Color or Race		Birth-place					
Female		White		Dorchester Co.					
Occupation		Where Residing if not at place of death							
Housewife									
Married, Single or Widowed		Name of Wife or Husband							
Widow									
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace			
Joseph Wesley Mackins		Pamela E. Travers		Dorchester Co.		Dorchester Co.			
Name of person giving information		How related to deceased							
Chas H. Parker		Son							
CAUSES OF DETH									
Primary		How long							
Chronic Interstitial Nephritis Arterio-sclerosis		1 year							
General Dropsy Gangrene of Left Lower Extremity Septic Intoxication		5 days							
Immediate		How long							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		E. A. Houston M.D.							
		Address							
		Fishing Creek Md.							
Accident or Suicide?									



Name  
in  
Full

John Henry Reurhan


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	<u>Oct</u> <sup>Month</sup>	<u>9</u> <sup>Day</sup>	Age <u>31</u> <sup>Years</sup>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Dorchester Mass</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Cauldy Hospital</u>			
Married, <del>Single</del> or Widowed	Name of Wife or Husband <u>Henry Reurhan</u>				
Father's Name <u>—</u>			Father's Birthplace		
Mother's Maiden Name <u>—</u>			Mother's Birthplace		
Name of person giving information <u>Husband H Reurhan</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Some months</u>
Immediate <u>Heart Failure</u>	How long <u>A few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. G. Lashbaugh</u>
	Address 
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elmer J Ruark

Died at Applagarth <sup>Town</sup>Dorchester <sup>County</sup>

MARYLAND

Date

of death

1907 <sup>Month</sup> Oct <sup>Day</sup> 12<sup>th</sup>

Age

Years

21

Months

4

Days

26

Sex

maleColor or  
RacewhiteBirth-  
placeDorchester

Occupation

OystermanWhere Residing if not  
at place of deathMarried, Single  
or WidowedSingleName of Wife or  
HusbandFather's  
NameWm. F. RuarkFather's  
BirthplaceDorchester Co.Mother's  
Maiden NameElizabeth RuarkMother's  
BirthplaceDorchester Co.Name of person giving  
informationMrs. M. V. SimmonsHow related  
to deceasedSister

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

5 years

Immediate

Exhaustion General Tuberculosis

How long

4 weeksAre the name, age, sex, color, date  
and place correctly given above?yesSignature of  
Physician

Address

W. H. Houston M.D.  
Frederick Creek Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

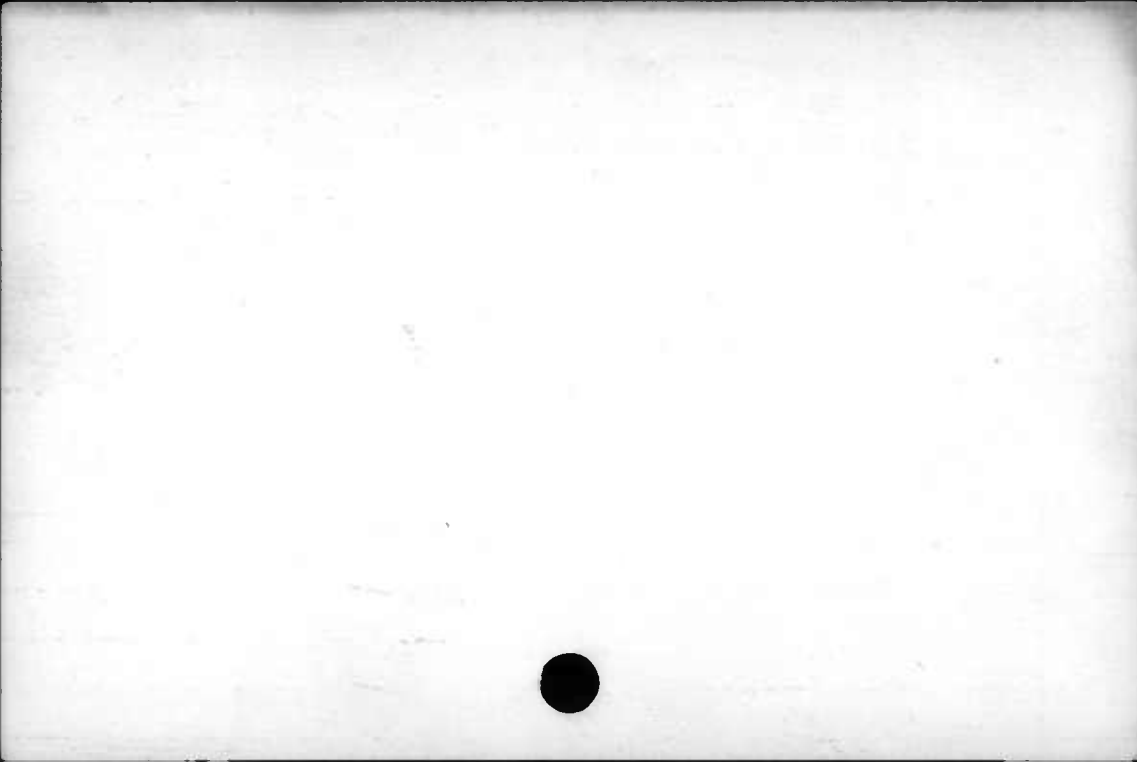
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Wesley Ruark</i>		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Taylor's Island</i>		Date of death <i>1905</i>		Age <i>69</i>		Months <i>Oct.</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Md</i>		Days <i>4</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jane Ruark</i>					
Father's Name <i>Levin Ruark</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Neely E. Riggins</i>		Mother's Birthplace <i>Md</i>					
Name of person giving In formation <i>Jes. Ruark</i>		How related to deceased <i>Son.</i>					

## CAUSES OF DEATH

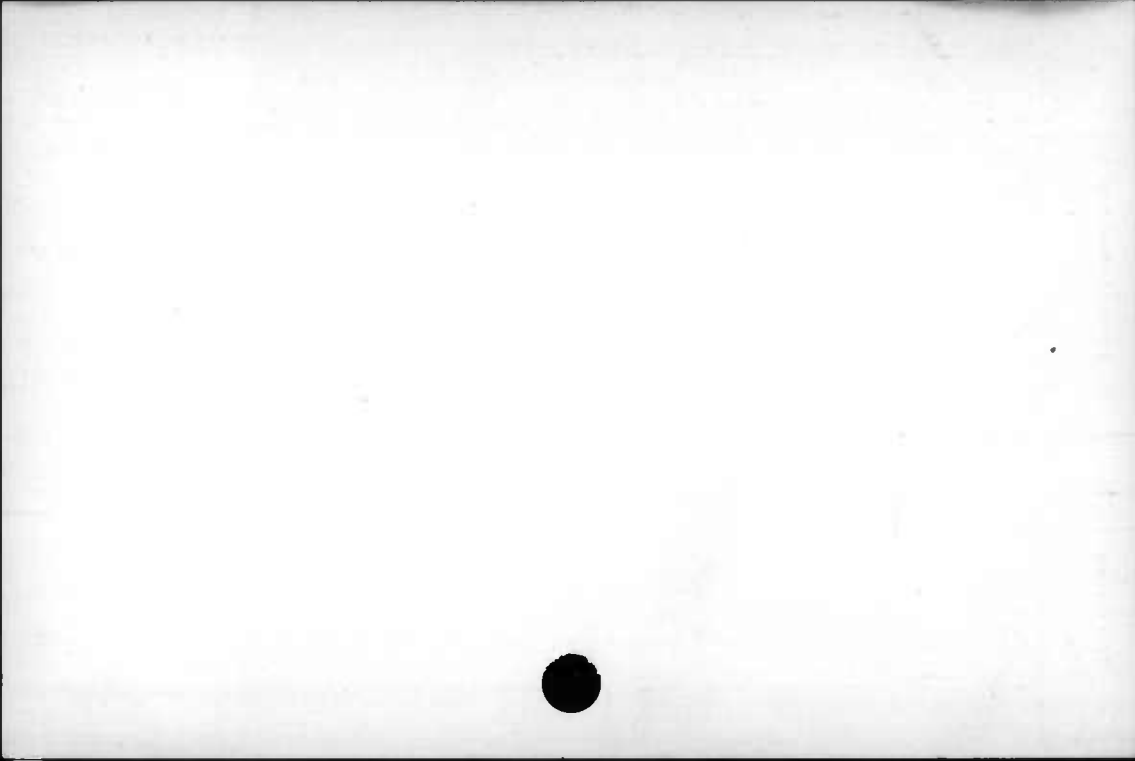
PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>18 mo.</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. K. Shriver Jr.</i>
	Address <i>Taylor's Island</i>
Accident or Suicide? <i></i>	<i>Md.</i>





# CERTIFICATE OF DEATH



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>E. H. Market Md.</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>30</i>	Age <i>58</i>	Months <i>3</i>	Days <i>✓</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Dorchester Co</i>		
Occupation <i>merchant</i>		Where Residing if not at place of death <i>E. H. Market, Md</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Betty Smith</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Mrs Betty Smith</i>	How related to deceased <i>wife</i>				

## CAUSES OF DEATH

Primary <i>Portia Regurgitation.</i>	How long <i>6 mos</i>
Immediate _____	How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Ethel S. Stanley.

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cambridge<sup>County</sup> Dorchester

MARYLAND

Date  
of death 1905Month  
10Day  
31Age  
YearsMonths  
8Days  
26Sex  
FemaleColor or  
Race  
BLKBirth-  
place  
Md

Occupation

Child

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John W. Stanley

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Levinia Dickison

Mother's  
Birthplace

Md.

Name of person giving  
Information

John W. Stanley

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Marasmus

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. E. Wolff M. D.

Address

Cambridge, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Eunice Stewart

10/9/III.

## CERTIFICATE OF DEATH

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date

of death 1905

Month

Oct

Day

7

Age

Years

28

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Dorchester Co Md

Occupation

Housewife

Where Residing if not  
at place of death

Cambridge Md

Married, Single  
or WidowedName of Wife or  
Husband

Robert Wilson

Father's  
Name

James Stewart

Father's  
Birthplace

Dorchester Co Md

Mother's  
Maiden Name

Mary Keuffert

Mother's  
Birthplace

" " "

Name of person giving  
information

Robert Wilson

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Necrosis of Heart

How long

3 months &amp; hours before death

Immediate

Heart Failure

How long

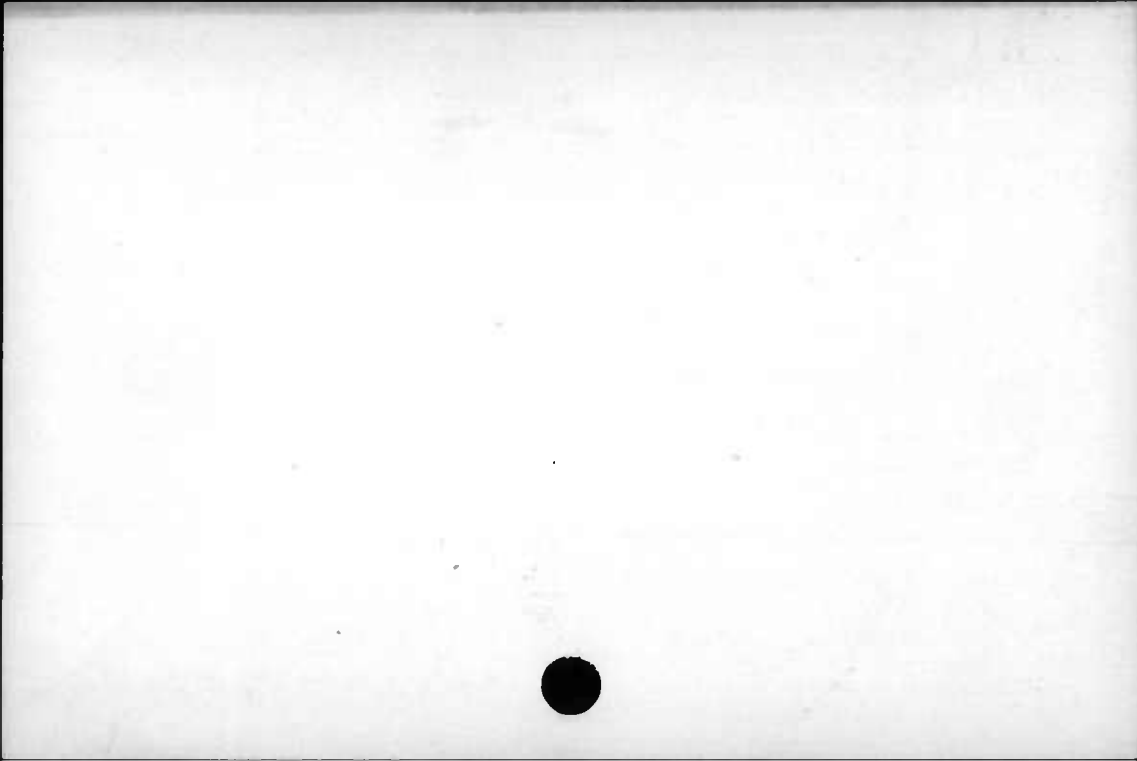
A few minutes

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

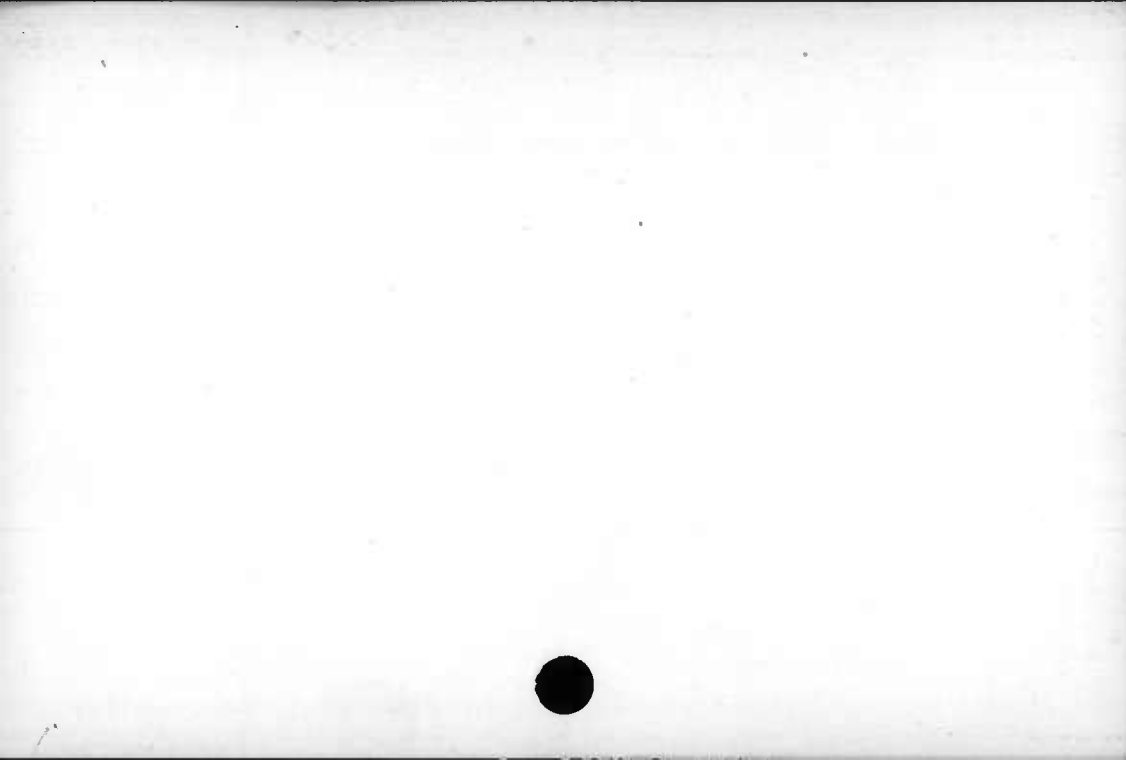
TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Stewart		Died at <i>Chd town</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>10</i>	Day	<i>5</i>	Years	<i>2</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Ind</i>	Munths	<i>6</i>
Occupation	<i>Child</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband					
Father's Name	<i>Edward Stewart</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Susan Ann Stewart</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Edward Stewart</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>—</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. E. Wolff</i>
		Address	<i>Cambridge, Ind.</i>
Accident or Suicide? <i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William McKinley Watters</i>		Town <i>Airys</i>		County <i>Dor.</i>		MARYLAND	
Died at		Month <i>Oct-</i>		Day <i>10</i>		Years <i>1</i>	
Date of death <i>1905</i>		Age <i>8</i>		Months <i>1</i>		Days <i>8</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Airys</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>George T. Watters</i>		Father's Birthplace <i>Airys</i>					
Mother's Maiden Name <i>Mary Blake</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Joseph Stanley</i>		How related to deceased <i>Not stated</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Not known</i>		How long	
Immediate <i>(179)</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>(179)</i>	
		Address <i>Wm. Gray Sub. Dist.</i>	
Accident or Suicide?			



Name  
in  
Full

Eldorado M. Wilson

## CERTIFICATE OF DEATH

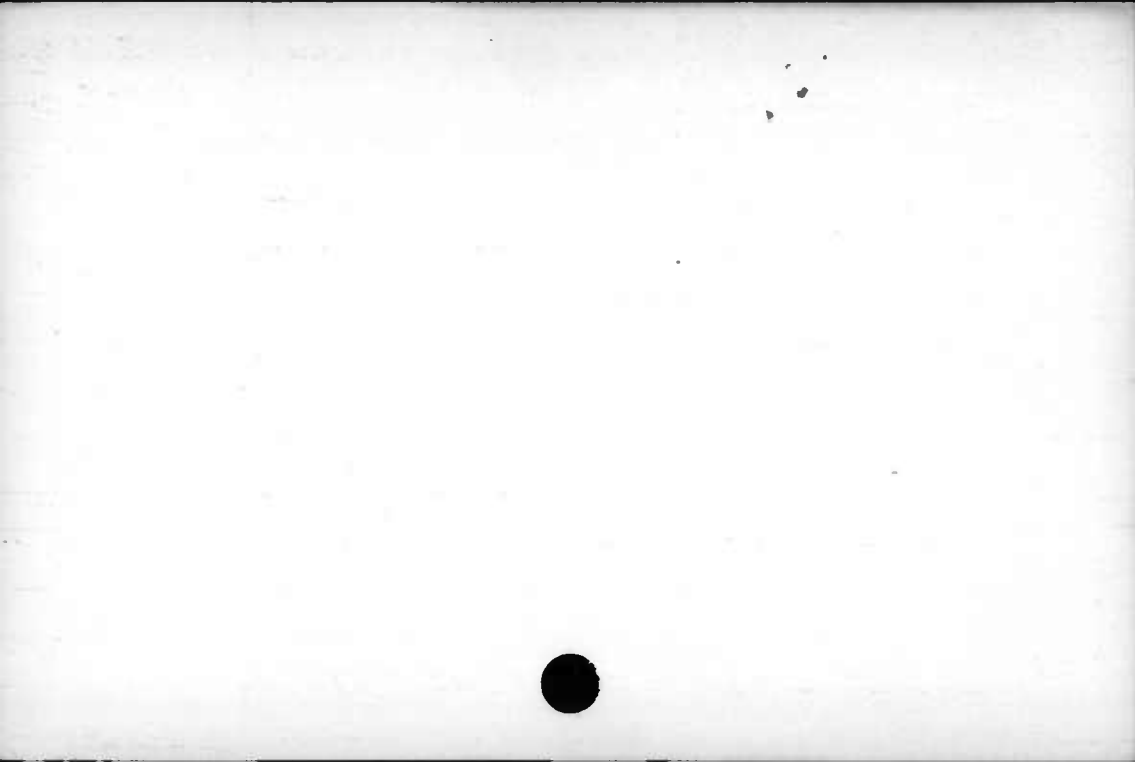
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Eldorado</u>		Tcwn		County		MARYLAND	
Date of death	1905	Month	10	Day	26	Age	6
Sex <u>Male</u>		Color or Race		Birth-place		<u>Eldorado</u>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband					
Father's Name <u>J. N. Wilson</u>		Father's Birthplace <u>Eldorado</u>					
Mother's Maiden Name <u>Becky E. Hackett</u>		Mother's Birthplace <u>Eldorado</u>					
Name of person giving information <u>J. N. Wilson</u>		How related to deceased <u>Father</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Diphtheria</u>	How long	
Immediate	<u>acute Bright's disease</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. Roger Myers M.D.</u>	
		Address	
Accident or Suicide? <u>✓</u>			



Name  
in  
Full

Edith Wingate

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Comersville</i>		<sup>County</sup> <i>Bochris-ler</i>		MARYLAND	
Date of death	1905	Month	<i>Oct</i>	Day	<i>5</i>
		Age	<i>0</i>	Years	<i>0</i>
		Months	<i>8</i>	Days	<i>4</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>Comersville</i>	
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name	<i>Frank H Wingate</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>S. Elizabeth Spadden</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>"</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>meningitis</i>	How long	<i>6 days.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>S A Stokes</i>
<i>yes</i>		Address	<i>#5 Cambridge</i>
Accident or Suicide?			<i>—</i>





Name  
in  
Full

George E. Wright ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>246 Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1905	Month	October	Day	28
Age		Years		Months	Days
Sex		male		Color or Race	white
Occupation		School Boy		Birth-place	Dorchester Md
Where Residing if not at place of death					
Maided, Single or Widowed		Name of Wife or Husband			
Father's Name		George E Wright		Father's Birthplace	Dorchester Md
Mother's Maiden Name		Mary Grace		Mother's Birthplace	" " "
Name of person giving information		George E Wright		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis Intestinal</u>	How long	<u>Some months</u>
Immediate	<u>24 hours</u>	How long	<u>A few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Y</u>		Signature of Physician <u>Dr. E. L. Conway</u>	
		Address <u>Cambridge Md</u>	
Accident or Suicide?			

